

Individual Education Plan Addendum
Addendum to IEP dated ____/____/____

Student Name	Meeting Date	Date of Birth
Purpose of Meeting (Agenda Items)		A copy of this IEP addendum was provided to parent/guardian <input type="checkbox"/> Yes ____ (Parent/Guardian Initial) <input type="checkbox"/> Copy Mailed to Parent _____ (Date)
IEP Team Membership	Signatures	Date
Parent/Guardian		
Parent/Guardian		
Student		
Superintendent/Designee		
General Classroom Teacher		
Special Education Teacher		
Speech/Language Pathologist		
Evaluator		
Title		
Title		
Title		

Child Count Information (Required Information) Disabling Condition <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> 0500-D/B</div> <div style="width: 50%;"><input type="checkbox"/> 0505 -ED</div> <div style="width: 50%;"><input type="checkbox"/> 0510-CD</div> <div style="width: 50%;"><input type="checkbox"/> 0515-HI</div> <div style="width: 50%;"><input type="checkbox"/> 0525-SLD</div> <div style="width: 50%;"><input type="checkbox"/> 0530-MD</div> <div style="width: 50%;"><input type="checkbox"/> 0535-OI</div> <div style="width: 50%;"><input type="checkbox"/> 0540 -VI</div> <div style="width: 50%;"><input type="checkbox"/> 0545 -D</div> <div style="width: 50%;"><input type="checkbox"/> 0550-S/L</div> <div style="width: 50%;"><input type="checkbox"/> 0555-OHI</div> <div style="width: 50%;"><input type="checkbox"/> 0560-A</div> <div style="width: 50%;"><input type="checkbox"/> 0565-TBI</div> <div style="width: 50%;"><input type="checkbox"/> 0570-DD</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Minutes per week in Special Education B. Minutes per week in Related Services </div> <div style="width: 10%; text-align: center;"> <u>Minutes</u> _____ _____ _____ </div> <div style="width: 45%;"> <u>Services</u> _____ _____ _____ </div> </div> C. A + B = (Total minutes of Special Education/Related Services) _____	Placement <div style="margin-top: 5px;"> <input type="checkbox"/> 0100 Regular Classroom with Modification <input type="checkbox"/> 0110 Resource Room <input type="checkbox"/> 0120 Self-Contained Classroom <input type="checkbox"/> 0130 Separate Day School: _____ <input type="checkbox"/> 0140 Residential Facility: _____ <input type="checkbox"/> 0150 Home/Hospital <input type="checkbox"/> 0315 Early Childhood Setting 80-100% <input type="checkbox"/> 0325 Early Childhood Setting 40-79% <input type="checkbox"/> 0330 Early Childhood Setting 0-39% <input type="checkbox"/> 0335 Separate Class <input type="checkbox"/> 0345 Separate School <input type="checkbox"/> 0355 Residential Facility <input type="checkbox"/> 0365 Home <input type="checkbox"/> 0375 Service Provider Location </div>
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Meeting Notes

IEP Addendum (Continued)

Student Name:	Meeting Date: